

USSN 09/718,803
Response and Amendment

RECEIVED
CENTRAL FAX CENTER
NOV 13 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of: Paul O. Sheppard, Stephen R. Docket No.: A-935 (US)
Jaspers, Theresa A. Deisher, Paul D.
Bishop, Darrell C. Conklin

Serial No: 09/718,803

Group Art Unit: 1648

Filed: November 22, 2000

Examiner: Li, Bao Q

For: METHOD OF FORMING A PEPTIDE-RECEPTOR COMPLEX WITH
ZSIG33

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22131-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated 5/17/2006, Applicants offer the following Response and Amendment. This Response and Amendment is filed with a request for a three month extension of time pursuant to 37 C.F.R. §1.136, and the appropriate fee.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

Conclusion is on page 6 of this paper.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.

Signed: Kathleen F. Prindle
Kathleen F. Prindle

Date: November 13, 2006

11/15/2006 EFLORES 00000027 010519 09718803

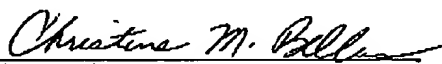
01 FC:1253 1020.00 DA

VIA FACSIMILE

571-273-8300

November 13, 2006 Total Pages 8

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: A-935-US			
Serial No. 09/718,803		Filing Date November 22, 2000		Examiner Li, Bao Q.		Group Art Unit 1648	
In Re Application of: Paul O. Sheppard et al.							
For: METHOD OF FORMING A PEPTIDE-RECEPTOR COMPLEX WITH ZSIG33							
TO THE COMMISSIONER FOR PATENTS:							
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):							
<input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$450.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00)							
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:							
<input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.							
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:							
CLAIMS AS AMENDED							
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee	
Total Claims	8	Minus	26	= 0	x \$50	= \$ 0.00	
Indep. Claims	3	Minus	3	= 0	x \$200	= \$ 0.00	
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$360	= \$ 0.00	
Total Additional Fee for this Amendment						\$ 0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,020.00. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>							
Please Send Future Correspondence To:							
37500 Amgen Inc. Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000				 Christine M. Bellas Attorney/Agent for Applicant(s) Registration No.: 34,122 Phone: (206) 265-8294 Date: November 13, 2006			

RECEIVED
CENTRAL FAX CENTER

NOV 13 2006